PTO/SB/05 (05-03)
Approved for use through 04/30/2003. OMB 0651-0032
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UTILITY PATENT APPLICATION **TRANSMITTAL**

MSA-3453 Attorney Docket No. Pugia First Inventor Method for uniform application.... Title EI019921553US Express Mail Label No.

(Only for new nonprovisional applications under 37 CFR 1.53(b))

APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application contents.	Commissioner for Patents ADDRESS TO: Mail Stop Patent Application P.O. Box 1450 Alexandria VA 22313-1450								
1. Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original and a duplicate for fee processing) Applicant claims small entity status. See 37 CFR 1.27. 3. Specification [Total Pages 24] (preferred arrangement set forth below) - Descriptive title of the invention - Cross Reference to Related Applications - Statement Regarding Fed sponsored R & D - Reference to sequence listing, a table, or a computer program listing appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings (if filed) - Detailed Description - Claim(s) - Abstract of the Disclosure 4. Drawing(s) (35 U.S.C. 113) [Total Sheets 2 5. Oath or Declaration [Total Sheets 6 a. Newly executed (original or copy) b. Copy from a prior application (37 CFR 1.63(d)) (for continuation/divisional with Box 18 completed) i. DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) name in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b). 6. Application Data Sheet. See 37 CFR 1.76	7. CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix) 8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) a. Computer Reader Form (CRF) b. Specification Sequence Listing on: i. CD-ROM or CD-R (2 copies); or ii. Paper c. Statements verifying identity of above copies ACCOMPANYING APPLICATION PARTS 9. Assignment Papers (cover sheet & document(s)) 10. 37 CFR 3.73(b) Statement Power of (when there is an assignee) Attorney English Translation Document (if applicable) 11. English Translation Document (if applicable) 12. Information Disclosure Copies of IDS Statement (IDS)/PTO-1499 Citations Preliminary Amendment 14. Preliminary Amendment 15. Certified Copy of Priority Document(s) (if foreign priority is claimed) Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent. Other:								
18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in the first sentence of the specification following the title, or in an Application Data Sheet under 37 CFR 1.76:									
Continuation Divisional	Continuation-in-part (CIP) of prior application No.:								
Prior application information: Examiner Art Unit: For CONTINUATION OF DIVISIONAL APPS only; The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.									
19. CORRES	SPONDENCE ADDRESS								
Customer Number or Bar Code Label (Insert Customer No. or Attach bar code label here) OR Correspondence address below									
Name Elizabeth A. Levy									
Address Bayer HealthCare LLC									
63 North Street	State MA Zip Code 02052								
City Medfield Country USA	State MA Zip Code 02052								
	308-339-3600								
Name (Print/Type) Elizabeth A. Levy Signature	Registration No. (Attorney/Agent) 34,375 Date 6-27-03								

This collection of information is required by 35 CFR 1.53(b). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR/1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

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Effective 01/01/2003. Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT

(\$) 1	,026.00
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U.C. Detent and Tes	PTO/SB/17 (05-03) approved for use through 04/30/2003. OMB 0651-0032 ademark Office; U.S. DEPARTMENT OF COMMERCE rmation unless it displays a valid OMB control number.			
Complete if Known				
Application Number	To be determined			
Filing Date	Herewith a			
First Named Inventor	Michael J. Pugia			
Examiner Name	To be determined =			
Art Unit	To be determined			
Attorney Docket No.	MSA-3453			

METHOD OF PAYMENT (check all that apply)	FEE CALCULATION (continued)					
Chack Credit card Money Other None	3. AD				s	
Check Cledit card Order Order			Small E			
Deposit Account:				Fee (\$)	Fee Description	Fee Paid
Deposit Account 50-0781		٠٠,	2051	• •	Surcharge - late filing fee or oath	
Number Deposit Rever Corporation	1052	50	2052	25	Surcharge - late provisional filing fee or	
Account Name Bayer Corporation	1053	130	1053		cover sheet Non-English specification	
The Director is authorized to: (check all that apply)	1812 2	1	1812 2	2,520	For filing a request for ex parte reexamination	
Charge fee(s) indicated below Credit any overpayments	1804	920*	1804	920*	Requesting publication of SIR prior to	
Charge any additional fee(s) during the pendency of this application		1 240*	1805 4		Examiner action Requesting publication of SIR after	
Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.	1805 1	1,640*	1000	1,040"	Examiner action	——
to the above-identified deposit account. FEE CALCULATION	1251	110	2251	55	Extension for reply within first month	
	1252	410	2252	205	Extension for reply within second month	
1. BASIC FILING FEE Large Entity Small Entity	1253	930	2253	465	Extension for reply within third month	
Fee Fee Fee Fee Description Fee Paid	1254	1,450	2254	725		
Code (\$) Code (\$) 1001 750 2001 375 Utility filling fee 750.00	1255	1,970	2255	985	Extension for reply within fifth month	
1001 750 2001 375 Utility filling fee	1401	320	2401		Notice of Appeal	
1003 520 2003 260 Plant filing fee	1402	320	2402		Filing a brief in support of an appeal	$\vdash \vdash \vdash$
1004 750 2004 375 Reissue filing fee	1403	280	2403		Request for oral hearing	
1005 160 2005 80 Provisional filing fee	1451	•	1451		Petition to institute a public use proceeding	\vdash \dashv
SUBTOTAL (1) (\$) 750.00	1452	110	2452		5 Petition to revive - unavoidable	
		1,300	2453		Petition to revive - unintentional	
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE			2501	-	Utility issue fee (or reissue)	$\vdash \vdash \vdash$
Extra Claims below Fee Paid Total Claims 26 -20** = 6 X 18 = 108	11	470	2502		5 Design issue fee	
Total cialitis 20 -20 - 0 - 0 - 0 - 0 - 0 - 0 - 0 - 0	1503	630	2503		5 Plant issue fee 0 Petitions to the Commissioner	
108 108	1460	130	1460		O Processing fee under 37 CFR 1.17(q)	
Williams Sopolius	1807	50	1		Processing fee under 37 CFR 1.17(4) Submission of Information Disclosure Stmt	
Large Entity Small Entity Fee Fee Fee Fee Fee Description	1806	180			. Recording each patent assignment per	
Code (\$) Code (\$)	8021	40	1		property (times number of properties)	
1202 10 2202 of 3	1809	750	2809	9 37	5 Filing a submission after final rejection (37 CFR 1.129(a))	
1201 84 2201 42 Independent claims in excess or 3 1203 280 2203 140 Multiple dependent claim, if not paid	1810	750	281	0 37	5 For each additional invention to be	
1204 84 2204 42 ** Reissue independent claims	1		1		examined (37 CFR 1.129(b))	
over original patent	1801				•	
1205 18 2205 9 ** Reissue claims in excess of 20 and over original patent	1802	900	1802	2 90	Request for expedited examination of a design application	
(a) 276 00	Other	Other fee (specify)				<u></u>
SUBTOTAL (2) (\$\frac{5}{2}76.00\) **or number previously paid, if greater; For Reissues, see above	I •Red	uced b	y Basic	Filing	Fee Paid SUBTOTAL (3) (\$) 0	

(Complete (if applicable) SUBMITTED BY Registration No. Telephone 508-359-3876 34,375 Elizabeth A. Levy Name (Print/Type) Ø-27-03 Signature

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